PLACE OF DEATH STATE OF MARYLAND County Kent CERTIFICATE OF DEATH Registration Dist. No. 202 (If death occurred in a hospital or institu-St.: Ward) tion, giva its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED pino (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Month) (Day) (Year) that I last saw her alive on If LESS than 7 AGE and that death occurred on the date stated above, at / U. /J A.m. I day hrs. The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or 2 0 particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE mp (State or country) DW 10 NAME OF TO FATHER 0 11 BIRTHPLACE (n lu OF FATHER *State the Disease Causing Death, or, in deaths from Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 0 Ш 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State.....yrs.....mos... (State or Country) 00 Where was disease contracted, of if not at place of death? MY KNOWLEDGE 0 item s sho usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AN IA! Ö 20 UNDERTAKER ADDRESS if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Furmer (rea or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cooks ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never rcturn "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaomia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic etc. valvular Nomenclature The contributory Always qualify all heart not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BUREAU

V. S.

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cont 6.	CERTIFICATE OF DEATH
61	Registration Dist. No. 203
Village or City Goorulle (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and
2FULL NAME Nate Coursy.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 2
6 DATE OF BIRTH Select 19 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 196 to 196 that I last saw halive on 197 197
7 AGE [If LESS than	and that death occurred on the date stated above, atm
4 7 yrs. 4 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or house - like	
(b) General nature of industry business, or establishment in	at t
which employed or (employer)	Contributory Lundekon
9 BIRTHPLACE (State or country) Maryland.	Secondary (Duration) (Duration) (Duration)
10 NAME OF GEORGE Werry.	(Signed) 192 (Address) Shuttstury
of Father (State or country) Egoton mol.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Raddie Banks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country) Moyland,	At place of deathyrsmosds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) mystle Obrkuns	Former or usual residence
(Address) Rock Hall Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 PLACE OF BURIAL
15 Eld 1/21 1032 B. Lus Dendine,	20 UNDERTAKER ADDRESS
Registrar	asbury Henry Chesterlan
If more hanks are needed addre a tate Registrat	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

16114

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a (a) Foreman, etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womknow without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, mentetunus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) cough; Chronic valvular heart Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	WRITE PLAINLY,	Every item of informa
	WRITE	ery item
V S No. 1		11-1
>		×

			01010		
	PLACE OF DEATH			STATE OF	MARYLAND
	County / Elis	(87-7)		CERTIFICATE	E OF DEATH
	and the AD o			Registration	Dist No 201
3.7*1	The field of one			vegutianou.	011111111111111111111111111111111111111
Vil	llage or City (No.		0 \$ 0.5	St.: Ward	a nospital or institu
	2FULL NAME Savish & A	Pest	1000		stead of street an number.)
-	TOLL NAME		acco		number.)
	PERSONAL AND STATISTICAL PARTICULAR	RS	MEDIC	AL CERTIFICATE	OF DEATH
3 8	MARRIED.///	16	DATE OF DEATH	0	0 2 2)
0	WIDOWED.	1500	**************	Jan	2 2, 1923 3
	(Write the word)		******************************		(Day) (Year)
0 1	DATE OF BIRTH	860 17	// 0.1	1	tended the deceased from
	and the second	90/			(111
-	(Month) (Dáy)		t I last saw held		1 0
,				red on the date stated	d above, atm
		min.?	CAUSE OF DEAT	n " was as rollows:	
8 0	OCCUPATION	******		200000 /0000000000000 000000000000000000	
P	a) Trade, profession or articular kind of work		Tana	lusia con	10000
	b) General nature of industry	******		yaro Wall	
	which employed or (employer)			(Duration)	yrsde
9 E	(State or country) Bulterand To		Contributory Secondary	mpno	
-	(State or country) Ballimore Me			(Duration)	8 FRE 100 100
	10 NAME OF FATHER	(Sig	ned)	J. Ch	VILL M. D
	11 BIRTHPLACE	or go	m 23 1923	2(Address) SC	U Yourd
ITS	FATHER TALL	V-/-			or, in deaths from
REN	12 MAIDEN NAME		Violent Causea, sta Accidental, Suicidal o	te (1) Means of Ir or Homicidal.	or, in deaths from ajury and (2) Whether
×	OF MOTHER Janes Ladde	1 60			tals, Institutions, Trans
_	13 BIRTHPLACE	1	ents or Recent Res	idents) In the	
	OF MOTHER (State or Country)		eathyrsm		teds
14	THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE	Who if n	ere was disease contr ot at place of dea.	scted, 22	**************************************
	Charles House		mer or al residence		
	(Informant)		PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
	(Address) Sparrows Porns	- Zud	mil-Cas	-01 B. DI-	0 75 71
15	N. Walan	20	UNDERTAKER	rex / wein	ADDRESS A
	Filed Jours 1932 J. J. Clark	atra	201	Olleside	At of tand
	// negi		10 17		DOWN IN MIN TO THE

If more blanks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Appreved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal-mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Pinysician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. g. ged in domestic service for wages, as Servant, Gook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foremon, For many occupations a single word or term on (b) Cotton mill; (o) Compositor, very important, so that the relative health-(b) Automobile foctory. The material Stationary firemon; etc. But in many Architect, Salesman, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE VUEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite diseasc tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undertelanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, Chronic etc. The contributory volvular heart disease; Nomenclature of the Always qualify all not be

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V. S. No. 1

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		92.00	
County Kent		Registration Dist. No. 203	
Village or City Rocal H	all R.D.		Ward
Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth?yrsmos	ds.
2. FULL NAME Barake ?	a Browett		
(a) Residence: No.	00.01011-011	St., Ward.	
(a) hosidence. No.	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S.S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan (Month) (Oay) (Yea	ar)
5a. If merried, widowed, or divorced HUSBAND of		22 I HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of		may & 1931, to law 6 , 180	3 2
6. DATE OF BIRTH (month, day, and year)	1011 8 1852	I last sawh en alive on jan 6	s sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
79 7	28 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, prolession, or particular kind of work done, as SPINNER,	Home	Several debilety	
9. Jhdustry or business in which	70000	Cot Wal Heart Transleto	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
- time over parion (month and	11. Total time (years) spent in this		
year)	occupation	Other Coutributory Causes of Importance:	
(State or country)	mil		
	ril		
E		Name of operation Dete of	
14. BIRTHPLACE (city or town) (State or country)	GoMid.	What test confirmed diagnosis? Was there an autopsy?	
I 15. MATOEN NAME Surah Si	m muons	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Swah Si		Accident, suicide, or homicide?, Date of injury, 19_	
(State or country)	eo. med	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Jarrett Prace	ice and 12 10	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMA (ION, OR REMOVAL	1 01.	Manner of Injury	
Place testery to thatel 0	ate_ fan 0, 193.2	Nature of injury	
19. UNDERTAKER la has for	odd	24. Wes disease er injury in any way related to occupation of deceased?	
(Address) la hestertown	- md	If so, specify	
20. FILED 1/7 1932 13.	Lun Druding	(Signed).	M. D.
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows: E 2 1882	Dato of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis BURHAU V.S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

7. S. No. 1

PLACE OF DEATH	STATE OF MARTLAND
County Kist	CERTIFICATE OF DEATH
	Registration Dist. No.
a ch.	
Village or City (No	Sta: Ward) (If death occurred in a hospital or institu-
11 11 1 1 11	tion, give its NAME in- stend of street and
2FULLNAME LEUNING PLANN	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED WIDOWED	134
P CR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the decessed from
Wedge 15 1501	1921 . 10 fam 20 , 1923
(Sionth) (Day) (Year	that I lest sew has elive on fitted 24, 1921,
7 AGE IIFLESS tha	and that death occured on the date stated above, at 10 40 A.m.
l day hr	
71 yrs. 3 mos. / 2 ds. or min	2) Hunfligia
8 OCCUPATION	
(a) Trade, profession or particular kind of work	**************************************
(b) General nature of industry	***************************************
business, or establishment in	(Durstion) yrs mos 6 abote.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Md.	Secondary
	(Duration) yrs mosde.
10 NAME OF FATHER	(Signed) Mussett Juca M. D.
11 BIRTHPLACE	- 1/31/22 (Address) Bullingh
OF FATHER	
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Csus-s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER STANKE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a / John euro	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs mos de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Q 1-00 11.	Former or
(Informant) talk // Mc	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Millinghe Me	Chestunelle Tak) 192
1/2/ 22 /4 / 12	20 UNDERTAKER ADDRESS
Filed //) (19) ? Ma / Mac Registral	" There has sot 10
10Mil	ar, 16 W. Sáratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, address/State Registr	ar, 10 W. Saratoga St., Daito., Acquesting V. S. 170. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples : (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Mcver return 'Laborer,""Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed borer, Farm laborer, Laborer-Coal mine, etc. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the Disters CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pucumonia, Bronchopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., causing Chronic interstitial nephritis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), Carcinoma, Sarcoma,, etc., of affection need not be etc. The contributory "Dropsy,

answered in derail, it will prevent further correspondence. A the management is essential and must be obtained before the certificate is permanently filed.

EB 5 193

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was no follows. (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country be EA 10 NAME OF Shoul FATHER 11 BIRTHPLACE OF FATHER TIO (State or country) 12 MAIDEN NAME O œ PA MOTHER ients or Recent Residenta) At place death Where was disease contracted. it not at place of dea.h? shoul of Former or 15 Filed Registral

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

Y, That I attended the deceased

Lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIA

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Furm laborer, Laborer—Coal nume, at home, who are engaged in the duties of the to report specifically the occupations of persons ensary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (retired 6"yrs). For persons who have no occupation state occupation at beginning of illness. If retired g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples i. (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every Foreman, first line will be sufficient, e.g. Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many person, irrespective of Grocery; iron

s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") ed term for the same dise se. Examples: Cerebrospinut Strtement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebro-CAUTING DEATH (the primary affection with respect pneumonia, causation), using always the same accept-Bronchopncumonia ("Pneumonia,"

> Capproved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death stated unless important. Example: Measles (disease "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc., "Drcpsy," E.haustion," "Heart failure," "Tuemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, (secondary etaplus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic and consequences (e. g., sepsis valvular etc. The hcart contributory disease; not be

The swered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a l qu stions

ADDRESS

CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME it stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED may n bac (Write the word) (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? in B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE *State the l'is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER deaths from CAU (State or country) 12 MAIDEN NAME A LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d stat 13 BIRTHPLACE In the At place OF MOTHER yrs......ds. (State or Country) Where was disease contracted, if not at place of dea.h?.... of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

If more b.anks are needed, addre. S ttate Registrar 26 W. Saratoga St., Balto., Requesting V. S. No. 1.

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statement

Filed

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Medsles (disease accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death Never report mere symptoms or terminal condi cough; " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

STATE OF MARYL PLACE OF DEATH CERTIFICATE OF DEATH County. EXACTLY, y classifled Registration Dist. No (If death occurred in a hospital or institucertificate tion, give its NAME instead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 16 DATE OF DEATH-3 SEX 4 COLOR OR RACE | 5 SINGLE. pe MARRIED. back WIDOWED should it may OR DIVORCED (Write the word) BINDING HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that instructions 20 Ö (Month) (Day) and that death occurred on the date stated above, at. 0 7 AGE (0) If LESS than pplied The CAUSE OF DEATH & was as follows: I day hrs. terms ············vrs.·······mos.·····ds.lor···· min. 8 OCCUPATION ERVED (a) Trade, profession or S plain ATH in plain important. particular kind of work..... (b) General nature of industry business, or establishment in (Duration)yrs.....mos..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 4 MARGIN Very (Duration)yrs.mos.... DE 10 NAME OF FATHER 0 0 ARENTS 国之 11 BIRTHPLACE te CAUSE State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER State, yrs. mos. da yrs.mos......da. Ō (State or country should of Where was disease contracted, if not at place of death?... Every item CIANS short statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTANER Registrar If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No./ 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursnits can be known. The queseupation is very important, so that the relative health Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Aceidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgleal operation was underdiseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia (second-Poisoned by carbolic acid-probably suicide. The na-"Puerpenal septicacmia." "Puerpenal peritonitis," etc. "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." stated unless important. use of "Turnor" for malignant neoplasms); Mcastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcaslcs (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		OF MAR	YLAND-	CERTIFICATE	OF DEATH	10024
1. PLACE OF DE				92-0	7	201
County Kan		0 11			Registration Dist. No.	
Village or City_M	ear lo	histertown		No.	itution, give its NAME instead of street	(and number)
Langth of residence i	n city or town where	death occurred			f of foreign birth?yrs.	
2. FULL NAME	nellie	allen)	malcot	m		
(a) Residence: No).			St., Ward,		313.31
		(Usual place			If nonresident give city or tow	
PERSONAL A					CERTIFICATE OF DEAT	TH
Finale 7	Vhite	or Divorces	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	far 2/10 (Day)	, 193 2 (Year)
5a. If married, widowed, or e HUSBAND of (or) WIFE of	Myre	on n	Colcoln	22. I HEREE	Y CERTIFY, That I atte	ended deceased from
6. DATE OF BIRTH (month,	day and year M	auli 68 -	1864	I last saw h_ ar alive on	Jan 20 19	32 : death is sai
7. AGE Years	Months	Days	If LESS than	to have occurred on the dato st	ated above, at 5 a.m.	
67	10	.3	l day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of importance	Date of onse
8. Trade, profession, o kind of work do SAWYER, BOOK	r particular ne, as SPINNER, KEEPER, etc	Home		Cl	Soco Settis	Date of onse
9. Industry or busines work was done, SAW MILL, BAN 1D. Date decaased last this occupation	s in which			- Charles in		
1D Date decaased last this occupation (worked at month and	11. Total ti	ma (yaars) nt in this pation			
A DIPTIPLI OF CALL	. 4			Othar Contributory Causes of In	nportance:	
12. BIRTHPLACE (city or to (State or country)	Mary)	land				
13. NAME IS	us au	Elen				
14. BIRTHPLACE (city of	m\/			Name of operation	Dete	of
(State of Country	y) // Cu	ory car	-	What test confirmed diagnosis?.	Was ther	a an autopsy? 200
15. MAIDEN NAME J	tund	taRoc	hister	23. If death was dua to axternal	causes (VIDLENCE) fill in also the following	lowing:
15. MAIDEN NAME J		rylen	d	Accident, sulcide, or homicide?.	Date af Injury_	, 19
State or countr	y)	1 20		Where did Injury occur?	(Specify city or town, county an	d State)
17. INFORMANT GA (Address)	Thma	n Mal	colm	Specify whether Injury occurred	I in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, D	R REMDVAL	9-	- 2	Manner of injury		
Place CV 17	man	Date four	22 ,1952	Natura of Injury		
19. UNDERTAKER	has L	woodd	4	24. Was disease or injury in any	way related to occupation of decease	d? 200
(Address) la h	estanto	way me	d.	If so, specify	·	,
20 FILED Jan 22	., 19 1	Helack	2	(Signed)	la last sing	Mill M.
(/	//		Registrar.	(Address)	CONTRACTOR VIVI	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WHITE PLAINLY,

FOR BINDING

MARGIN RESERVED

	60625
1. PLACE OF DEATH	(46)
County & 2nt	Registration Dist. No. 203
	No. f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ellen L Melsings 2. FULL NAME	S
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Husband of (or) WIFE of home on the Sun	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	I last saw her alive on for the date stated above, at 12307, 19 37; death is seid to have occurred on the date stated above, at 12307
69 8 27 1 day, hrs.	
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Carcinoma of Glomach 3mo
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) oscupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	Seconday duences 3 mm
13. NAME & Share Marth 14. BIRTHPLACE (city or town) Md (State or country)	Name of operation 2000 Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT JUS M. Henris (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sudkers Villa Md. Dete Jun 25., 1932	Manner of injury
19. UNDERTAKER le has L Dod and (Address) Chesty from and	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED 1/25 , 1932 B. Lun Dending	(Signed) - M. D. (Address) - Cheshelosoc

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EB 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURMAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ż

1. PLACE OF DEATH	23	1
County Court	Registration Dist. No.	
Village or City Klar Mannedy rele	NoSt.,	War
	death occurred in a hospital or institution, give its NAME instead of street and us	
2. FULL NAME Managet Ford.	money	
	St. Ward.	
(a) Residence: No. (Usual place of abode)	St., / Ward. If nonresident give city or town and	Stete
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Famel white OR DIVORCED (write the word)	(Month) (Day)	, 198 2 (Year)
5e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of august Money	22. I HEREBY CERTIFY, Thet I ettended of	leceased fro
5. DATE OF BIRTH (month, day, and year) august. 1st 1873	12 20	ز death is sa
A. AGE Years Months Days I LESS than	to have occurred on the date stated above, et 17 more.	, death is sa
78 3 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade profession or particular	were & follows:	Date of ons
kind of work done, as SPINNER, Nausewallow	with paresis	
9. Industry or business in which work was done, as SILK MILL,		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
this occupation (month and spant in this year) occupation		
· · · · · · · ·	Other Contributory Causes of importance	6 mg
12. BIRTHPLACE (city or town) (State or country) Many and the state of the state	- manano R	6704
13. NAME Harrison R. Raopen 14. BIRTHPLACE (city or town) - ff g		
14. BIRTHPLACE (city or town)	Name of operation	
(State or country) Delaware.	Name of operation Dete of What test confirmed diagnosis? Was there an at	
15. MAIDEN NAME OKelew A. Lucus	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME OKCLEW A. Surens 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State or country) / emystrania.	Where did injury occur?	
7. INFORMANT Mm Clara Dwgen	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) World.		
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cheeterhour Date Jan 15, 193 2	Nature of injury	
9. UNDERTAKER BROWN	24. Was disease or injury in any way related to occupation of deceased?	-
(Address) Still Pored and	If so, specify	
10. FILED Jan 15, 1932 J. Medail	(Signed) In market freet	С. M.
Registrar.	(Ardress) Culestics 1000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V S. No. 1

tificate.		Vi
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atement of OCCUPATION is very important. See instructions on back of certificate		7
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	60627
PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Lennedyvill (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME not named-	Undeveloped fortus Pol tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH as but for 19232 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Moath) (Day)	192, 192, 192, 192, 192,
7 AGE If LE	S than and that death occurred on the date stated above, at
,	hrs. The CAUSE OF DEATH * was as follows:
yrsmosds, or	A. Slalas Lath
(a) Trade, profession or particular kind of work	200 100
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or gountry) Lent Country Ind	Contributory Secondary (Durayon) Jys. mos. ds.
10 NAME OF SMILE ate	(Signed) 1. 1) engl mmons M. D.
of FATHER (State or country) Kent Co md	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Oyna Hillis	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
2 fm/C+ to	Former or usual residence
(Informant)	man Phace of Burial OR REMOVAL DATE OF BURIAL
(Address) Klennedyville	Certific Certification of the second
15 Filed Ja 20 1982 Melans	
If more blanks are needed, addre a Ltate	Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmet Oe state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Dis-EARTH (VUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrodspinal meningitis"; Diohtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death cough; Chronic valvular Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County / Clust RF 1 Worlow Villago or City Tourstain Ind (No. 2FULL NAME Colith Ring	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) ition, give its NAME it is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I stended the deceased from 1931. to 13 1937
(Month) (Day) (Year) 7 AGE About 70 yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	that I last saw h salive on fam 13, 1927, and that death occurred on the date stated above, at 1030 Pm. The CAUSE OF DEATH * was as follows: & where the arcinoma whe
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed for 16 1927 16 17 18 1927 1927 1927 1927 1927 1927 1927 1927 1927 1927 1927 1928 1938 19	(Shed). (Duration) yrs. mos. ds. (Shed). (Duration) a yrs. mos. ds. (Shed). (Duration) b understood M. D. *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL Part Of BURIAL Province of Many Many Many Many Many Many Many Many

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise are laborer, Form loborer, Loborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Never return "Laborer," "Foremun," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospindle fever (the only definite synonym is "Epidemic cerebrosquinal meningitis"; Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Mcasles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, security) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi " "Marasmus, " "Old Age, " "Shock, or intercurrent) Chronic etc. The contributory affection need not be valvulor heort Macasles ; discase,

It this certificate is looked over thoroughly and all qu stions are vered in detail, it will prevent further correspondence. All the dath, is essential and must be obtained before the certificate is permanently filed.

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1PLACE OF DEATH County Kent	STATE OF MARYLAND CERTIFICATE OF DEATH
Trues el a	Registration Dist. No. ADD
Village or City Gulener (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, married MARRIED, WIDOWED. Will OR DIVORCED (Write the word)	16 DATE OF DEATH Jun. 7, 1932 (Xionth) (Day) (Year)
Sect. 20, 1839 (Math) (Day) (Year)	17 Y I HEREBY CERTIFY, That I attended the deceased from 7 1925 ? that I last saw h alive on 1925 ?
7 AGE 1 If LESS than 1 day hrs. or min.?	
(a) Trade, profession or Plumber (b) General nature of industry business, or establishment in which employed or (employer)	Chronin Sate Shelad Meffants, (Duration) Just from de.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary Our tion Ou
FATHER Sevice Steele II BIRTHPLACE OF FATHER (State or country) Unknown.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Mrs. Mm. Steele S1.	Former or usual residence
(Address) Galena. md.	Sulena md. Jun 10, 1932
Filed Out 7 1920 Les Frances	John U. John For Millington, Me r, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISMEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitally fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) approved Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic," "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB

No.

chould be stated EXACTL BINDI ESERVED 0

PLACE OF DEATH County Kent Co. 07-01 t may be properly classified. on back of certificate. 2FULL NAME Tellian (Judrey PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. While OR DIVORCED (Write the word) 6 DATE OF BIRTH Every Item of information should be carefully supplied. ACE ECIANS should state CAUSE OF DEATH in plain terms so that i statement of OCCUPATION is very important. See instructions (Month) (Year) 7 AGE IIf LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHALACE OF FATHER FNH (State or country) 12 MAIDEN NAME 00 PA 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) (Address 15 Registrar If more bianks are needed, address tate Registraf, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-.....Ward) tion, give its NAME it stead of street and number.)

MEDICAL CERTIFICATE OF DEATH	
	3.2
17 I HEREBY CERTIFY, That I attended the deceas	
that I last saw hea alive on Jan 3	1932.
and that death occurred on the date stated above, at 2, 46 The CAUSE OF DEATH * was as follows:	i P _m
(Duration)yrsmos	ds,
Secondary	
0.00000	ds.
*State the Piscase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.	frem
18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)	, Trans-
At place of deathyrsmosds. In the Stateyrsmos	ds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
millington, md. Jun. 6,	19 5 2

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS— EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death letanua) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, by Committee on Nomenclature of the ," "Coma," "Convulsions, "Haemorrhage, Measles;

If this certificate is looked over thoroughly and all questions analyered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

MARGIN RESERVED FOR BINDING

No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County / County	CERTIFICATE OF DEATH
Sto Offers of	Registration Dist. No. 20 (
Village or City (No.	St.: Ward) a hospital or institu-
2FULL NAME ada Hal	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE BSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1932 (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
an 27 1932	192 to Jan 2 7 8, 1932
(Month) (Day) Year)	that I last saw her altre on Jan 27th, 1922,
7 AGE O+ OO O	and that death occurred on the date stated above, at
yrsds. ormin.}	The CAUSE OF DEATH * was as follows;
BOCCUPATION	Still Band
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yis. mos. de.
9 BIRTHPLACE (State or country) Wille I man work of	Contributory Secondary
10 NAME OF	Duration Tree de
FATHER Rent Walson	(Signed) M. D.
of FATHER	State the Lieuse Causing Dooth on in deaths from
Z (State or country) www.wanea	*State the lissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Livelle Milmore	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or Country) Wlay Still Und had	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, from at place of dea h?
60-11-0	Former or usual residence
(Informant) Navisty Line	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Still fond Md.	M1 2100 Cen Jan 28, 103.
Filed for 28 1923 Melaul	20 UNDERTAKER HELLOWS Still Poud

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborerbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emoborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of lousemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, in domestic serinaid, etc. If the occupation account of the DISEASE Causes, that fact may be indicated thus; Farmer (vector) For persons who have no occupation at beginning of illness. If retired acceptance with the None. For many occupations a single word or term on without more precise specification as Doy Stationary fireman, etc. But in many

si inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinul EALE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Di Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stited unless important. Example: Measles (disease setanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic and eonsequences (e.g., sepsis etc. The contributory affection need volvular heart diseose; Nomenclature of the not be

permanently filed. data de essential answered in detail, it will prevent further correspondence. All the data?'s essential and must be obtained before the certificate is II this certificate is looked over thoroughly and all questions

PLACE OF DEATH tated EXACTLY roperly classific oertificate. White Baby properly of oertif PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, pe it may be OR DIVORCED (Write the word) NIONIE 6 DATE OF BIRTH instructions on (Month) (Day) (Year) If LESS than 7 AGE supplied TH UNFADING INK--THIS MARGIN RESERVED mos.__ 8 OCCUPATION (a) Trade, profession or TH in plain particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PO II BIRTHPLACE ARENTS OF FATHER CAUSI CIANS should state CAUS statement of OCCUPATION (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) item (Informant) 15 Registra

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	201

a hospitel or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIAL

DRESS

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Jun 7 , 19232
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw ham alive on Jan 7 1923 L.
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
(Duration) yrs. mos. / de.
Contributory Though Neglect in Profes
Carl (Duration) yrs mos Al ds.
(Signed) Jas. W. Une M. D.
Jan 8 1922 Address) Kunskyville
*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place in the of death yrs mos ds.
Where was disease contracted, if not at place of death?
Former or

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without laborer, Laborer—Cout many, taborer, Farm laborer, Laborer—Cout many, at home, who are engaged in the duties of the at home, who are engaged in the duties of the area. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, us At school, or At home. Cure should be taken worked on may form part of the second statement. report specifically the occupations of persons Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on

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